

## FISCAL YEAR 2008-09 BUDGET PLAN

### I. EXECUTIVE SUMMARY

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Statewide Mission: To support the recovery of people with mental illnesses.
- C. Summary Description of Strategic or Long-Term Goals:

The Department of Mental Health's long-term goals are to:

- (1) provide sufficient psychiatric hospital beds to meet the consumers' needs for inpatient care;
- (2) provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible;
- (3) and to perform all activities it is otherwise mandated to do, which include nursing home care for veterans, evaluation and treatment ordered by the courts in criminal cases, and treatment of those individuals who are committed through the Sexually Violent Predator Act of 1998.

D.

Summary of Operating Budget Priorities for FY 2008-09:		FUNDING					FTEs			
		State Non-Recurring	State Recurring	Federal	Other	Total	State	Fed.	Other	Total
Priority No.: 1	Title: Base Program/Service Maintenance	1,231,960	4,126,357	0	0	5,358,317	0	0	0	0.00
Strategic Goal No. Referenced in Item C Above ( <i>if applicable</i> ): all Activity Number & Name: all										
Priority No.: 2	Title: Recruitment/Retention	0	11,621,745	0	4,300,478	15,922,223	0	0	0	0.00

Summary of Operating Budget Priorities for FY 2008-09:		FUNDING				FTEs				
		State Non- Recurring	State Recurring	Federal	Other	Total	State	Fed.	Other	Total
Strategic Goal No. Referenced in <u>Item C Above (if applicable):</u> <u>all</u> Activity Number & Name: all except pass-through's and administration										
Priority No.: 3	Title: Community Housing Options	0	2,014,230	0	0	2,014,230	0	0	0	0.00
Strategic Goal No. Referenced in <u>Item C Above (if applicable):</u> 2 Activity Number & Name: 1590 Community Residential (Housing) Support										
Priority No.: 4	Title: Pee Dee Crisis Stabilization Unit									
Strategic Goal No. Referenced in <u>Item C Above (if applicable):</u> 2 Activity Number & Name: 999 Crisis Stabilization			305,708			305,708				
TOTAL OF ALL PRIORITIES		1,231,960	18,068,040	\$ 0	4,300,478	23,600,478	0.00	0.00	0.00	0.00

E. Agency Recurring Base Appropriation:

State	\$ 213,724,472
Federal	\$ 11,229,112
Other	\$ 174,149,835

F. Efficiency Measures: See Section 7 of DMH's FY07 Accountability Report for achievements in the areas of deinstitutionalization, reduction in out-of-home placements of children, concentration of resources on priority population, billable hours, and grant funding.

G.

<b>Summary of Capital Budget Priorities:</b>			<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Priority No.: 1	<u>Project Name:</u> Bryan Hospital Patient Care Buildings Safety Renovations Phase 3 Activity Number & Name: 1003 Acute Psych	Project No*: 9701	6,270,000	12,080,000	3,700,000	22,050,000
Priority No.: 2	<u>Project Name:</u> Hall Institute C&A Hospital and Clinic Construction Activity Number & Name: 1004 Inpatient Psych for Children	Project No*: 9703	21,000,000	0	20,600,000	41,600,000
Priority No.: 3	<u>Project Name:</u> Community Buildings Deferred Maintenance Activity Number & Name: All community-related activities	Project No*:	1,975,000	0	0	1,975,000
Priority No.: 4	<u>Project Name:</u> Inpatient Buildings Deferred Maintenance Activity Number & Name: Inpatient-related activities	Project No*:	7,435,000	0	0	7,435,000
Priority No.: 5	<u>Project Name:</u> McCormick Clinic Construction Activity Number & Name: All community-related activities	Project No*:	1,050,000	250,000	0	1,300,000
Priority No.: 6	<u>Project Name:</u> Columbia Area MHC Construction Phase 3 Activity Number & Name: All community-related activities	Project No*: 9651	6,020,000	0	0	6,020,000

Priority No.: 7	<u>Project Name:</u> Pee Dee Crisis Center Construction Activity Number & Name: 999 Crisis Stabilization	Project No*:	3,200,000	500,000	0	3,700,000
Priority No.: 8	<u>Project Name:</u> Sexually Violent Predator Facility Construction Activity Number & Name: 1009 Sexually Violent Predator Program	Project No*:	56,250,000	0	0	56,250,000
Priority No.: 9	<u>Project Name:</u> Tucker, Administration, and Columbia Area Buildings Utility Service Activity Number & Name: All community-related activities, 1010 Administration, 1007 Nursing Home for Mentally Ill, 1008 Veterans Nursing Home	Project No*:	730,000	0	0	730,000
Priority No.: 10	<u>Project Name:</u> Laurens Clinic Addition Activity Number & Name: All community-related activities	Project No*:	1,200,000	0	0	1,200,000
Priority No.: 11	<u>Project Name:</u> Bryan and Morris Village Treatment Mall Construction Activity Number & Name: 1002 Long Term Inpatient Psych, 2003 Acute Psych, 1006 Inpatient Alcohol & Drug	Project No*:	1,500,000	0	0	1,500,000
Priority No.: 12	<u>Project Name:</u> Holly Hill Clinic Activity Number & Name: All community-mental-health-center-related activities	Project No*:	800,000	0	0	800,000
Priority No.: 13	<u>Project Name:</u> Santee-Wateree Center Construction	Project No*:	9,500,000	0	0	9,500,000

	Activity Number & Name: All community-mental-health-center-related activities					
Priority No.: 14	<u>Project Name:</u> Anderson-Oconee-Pickens Mental Health Center Construction Activity Number & Name: All community-mental-health-center-related activities	Project No*:	9,225,000	0	0	9,225,000
Priority No.: 15	<u>Project Name:</u> Catawba Center Construction Activity Number & Name: All community-mental-health-center-related activities	Project No*:	9,500,000	0	0	9,500,000
TOTAL OF ALL CAPITAL BUDGET PRIORITIES			135,655,000	12,830,000	24,300,000	172,785,000

\* If applicable

H. Number of Proviso Changes: 5

I. Signature/Agency Contacts/Telephone Numbers: Brenda Hart 898-8392

## II. DETAILED JUSTIFICATION FOR FY 2007-08 OPERATING BUDGET PRIORITIES

A. Agency Section/Code/Name: Section 23/J12/Department of Mental Health

B. Priority No. 1 of 4

C. (1) Title: Base Program/Service Maintenance

(2) Summary Description: There are costs of providing existing programs that increase every year and are beyond the Department's control. The Department has managed to absorb these costs for a number of years, but every year it has become more difficult. The costs have been absorbed wherever possible through increased efficiencies; however, the Department has run out of options for absorbing these costs.

(3) Strategic Goal/Action Plan (*if applicable*): The Department can not accomplish any new goals or plans without having sufficient funding for its base operations.

D. Budget Program Number and Name: Most budget programs

E. Agency Activity Number and Name: All

F. Detailed Justification for Funding

(1) Justification for Funding Increase: The Department's normal "cost of doing business" increases each year in the following ways:

There are costs of providing existing programs that increase every year and are beyond the Department's control. The Department has managed to absorb these costs for a number of years, but every year it has become more difficult. The costs have been absorbed wherever possible through increased efficiencies; however, the Department has run out of options for absorbing these costs.

The Department's normal "cost of doing business" increases each year in the following ways:

1. Contracts with Private Sector – The Department operates several of its programs through contracts with the private sector. These programs include the Campbell Veterans Nursing Home (contracted to HMR Veterans' Services, Inc.); the Veterans' Victory House in Colleton County (contracted to Advantage Veterans' Services of Walterboro LLC); and the forensics program (contracted to Just Care,

Inc.). The contracts include a mandatory increase in payment to the contractor which is tied to inflation. The Department estimates that its cost to these three contracts alone will increase by \$909,113 during FY09.

2. Medical Cost Inflation – Costs in the form of medical services has been growing at an annual rate of about 20%; costs in the form of medical supplies has been growing at an annual rate of about 10%. The Department estimates that at that rate it will incur an additional \$1,570,181 during FY09.
3. Power and Fuel Cost Inflation – Costs in the form of power and fuel costs has been growing at an annual rate of 9%. The Department estimates that at that rate it will incur an additional \$390,670 during FY09.
4. Computer licensing and maintenance – The Department experiences increased costs from information technology licensing and maintenances. It is also must update its method of keeping medical records. It estimates its increased cost during FY09 will be \$977,583 (\$706,960 nonrecurring).
5. Community Housing - Given the 927 clients served in the community, Toward Local Care (TLC) programs are a cost investment from inpatient to community of approximately \$101,629,791 redirected (cost of care inpatient per person \$109,633). Homeshare providers have received the same stipend amount since 1991. It would be beneficial to provide the Homeshare providers a cost of living increase that would bring the provider stipend from \$1,300 to \$1,339 monthly. The Department needs to support and maintain the efforts of existing programs as cost of living has increased without their initial awards reflecting such and several TLC programs have closed or redesigned due to inflationary reasons. TLC requests \$985,770 for maintenance of its existing effort.
6. Nutritional Services - \$525,000 nonrecurring funds to replace 10-year-old equipment that has life expectancy of 10 years. Without nutritional services, DMH can not provide meals for thousands of inpatient clients.

(2)

<b>FY 2007-08 Cost Estimates:</b>	<b>State Non-Recurring Funds</b>	<b>State Recurring Funds</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Personnel:</b>					
(a) Number of FTEs*					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0
Program/Case Services					\$ 0
Pass-Through Funds					\$ 0
Other Operating Expenses	1,231,960	4,126,357			5,358,317
<b>Total</b>	1,231,960	4,126,357	\$ 0	\$ 0	5,358,317
<i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

(3) Base Appropriation:

State	\$ 213,724,472
Federal	\$ 11,229,112
Other	\$ 174,149,835

(4) Is this priority associated with a Capital Budget Priority? No If yes, state Capital Budget Priority Number and Project Name: \_\_\_\_\_.

G. Detailed Justification for FTEs

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:



(2) Position Details:

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0

(3) FTEs in Program Area per FY 2006-07 Appropriation Act:

State \_\_\_\_\_  
Federal \_\_\_\_\_  
Other \_\_\_\_\_

Agency-wide Vacant FTEs as of July 31, 2006: \_\_\_\_\_

% Vacant \_\_\_\_\_%

## II. DETAILED JUSTIFICATION FOR FY 2008-09 OPERATING BUDGET PRIORITIES

- A. Agency Section/Code/Name: Section 23/J12/Department of Mental Health
- B. Priority No. 2 of 4
- C. (1) Title: Clinical Staff Recruitment and Retention  
(2) Summary Description: DMH can not adequately recruit and retain qualified clinical staff due to the high demand industry-wide for such staff. DMH requests \$6,413,595 to recruit and retain local community mental health center staff and \$5,208,150 to begin to competitively recruit and retain nursing and other clinical staff at inpatient facilities.  
  
(3) Strategic Goal/Action Plan (*if applicable*): All
- D. Budget Program Number and Name: All except I. Administration and II. D. Support Services
- E. Agency Activity Number and Name: All except Administration and Pass-Through's
- F. Detailed Justification for Funding
  - (1) Justification for Funding Increase: The Department asked for a study of ten clinical positions by OHR in the FY07 Appropriations Act. The Department received \$1.5 million in FY 2007-08 that was used to increase salaries for LPNs, RNs and Human Service Specialists between 3% and 4% in the community mental health centers and inpatient facilities. The Department continues to face retention and recruitment difficulties in our mental health centers and facilities due to market competition and is seeking additional funding to implement the OHR study in our community mental health centers and to allow our inpatient facilities to target their most critical staffing needs and implement salary and hiring increases for these positions. The Department estimates implementation of the OHR study for existing staff at the centers to be approximately \$6,413,595. In addition, the Department estimates funding needs for current and additional positions at inpatient facilities to be \$26 million. The \$26 million includes bringing current staff to market rates, filling needed vacancies, and identifies additional staff that will need to be hired. To begin this process, the Department is requesting an additional \$5,208,150 to begin to competitively recruit and retain nursing and other clinical staff including psychiatrists and physicians at inpatient facilities. The Department can not fulfill its basic mission without being able to hire nursing and clinical staff, and vacancies are going unfilled for months because the Department's salaries have simply not kept pace with the market for so long.

(2)

<b>FY 2008-09 Cost Estimates:</b>	<b>State Non-Recurring Funds</b>	<b>State Recurring Funds</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Personnel:</b>					
(a) Number of FTEs*					0.00
(b) Personal Service		\$9,297,396		\$3,440,383	\$12,737,779
(c) Employer Contributions		\$2,324,349		\$860,095	\$3,184,444
Program/Case Services					\$ 0
Pass-Through Funds					\$ 0
Other Operating Expenses					\$ 0
<b>Total</b>	\$ 0	\$11,621,745	\$ 0	\$4,300,478	\$15,922,223
<i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

(3) Base Appropriation:

State	\$ 213,724,472
Federal	\$ 11,229,112
Other	\$ 174,149,835

(4) Is this priority associated with a Capital Budget Priority?       No       If yes, state Capital Budget Priority Number and Project Name: \_\_\_\_\_.

G. Detailed Justification for FTEs

(2) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) Position Details:

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0

(3) FTEs in Program Area per FY 2007-08 Appropriation Act:

State \_\_\_\_\_  
Federal \_\_\_\_\_  
Other \_\_\_\_\_

Agency-wide Vacant FTEs as of July 31, 2007: \_\_\_\_\_

% Vacant \_\_\_\_\_%

## II. DETAILED JUSTIFICATION FOR FY 2008-09 OPERATING BUDGET PRIORITIES

A. Agency Section/Code/Name: 23/J12/Department of Mental Health

B. Priority No. 3 of 4

C. (1) Title: Community Housing Options

(2) Summary Description: The request is to develop community placement options for those with mental illness through rental assistance and the creation of 55 Toward Local Care (TLC) Placements.

(3) Strategic Goal/Action Plan (*if applicable*): This request is related to the goal of providing sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible.

D. Budget Program Number and Name: II.A.1. Community Mental Health Centers

E. Agency Activity Number and Name: 1590 Community Residential (Housing) Support

F. Detailed Justification for Funding

(1) Justification for Funding Increase: To continue transitioning inpatients and divert admissions to the community, the need to continue developing community placement options is essential. The traditional options such as Community Residential Care Facilities (CRCF's) are closing at a greater rate than new CRCF's are opening. Between 2002 to March 07, 2,339 licensed CRCF beds have closed with only 994 licensed CRCF beds opening during that same period. While CRCF's are needed, other placement options such as Homeshare and Apartments can assist with transitioning or diverting clients from the SCDMH Psychiatric Hospitals. The Toward Local Care history is if we build it, we can fill it. If we do not build it in the community, then more clients will end up in the ER's, jails, SCDMH Psychiatric Hospital, or homeless.

### TLC Program

The need to continue community development for placement resources remains. With 1.5 million dollars, the TLC program can create 55 placement options for SCDMH inpatients who require the intensity of the TLC program and for SCDMH community clients who but for the intensity of the TLC program would be frequently in the ER or in a psychiatric facility.

### Rental Assistance Program

With continued decreases in new federal funding for HUD Section 8 and Section 811 programs, the ability to access rental assistance for persons with mental illnesses in need of supported independent housing is diminishing. This new recurring funding requested will allow DMH to provide rental assistance to clients living independently or in DMH-funded housing developments across the state where federally funded rental assistance options are not readily available. When possible, this rental assistance will serve as “bridge” funding until other rental assistance options, such as Section 8, become available.

(2)

<b>FY 2008-09 Cost Estimates:</b>	<b>State Non-Recurring Funds</b>	<b>State Recurring Funds</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Personnel:</b>					
(a) Number of FTEs*					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0
Program/Case Services					\$ 0
Pass-Through Funds					\$ 0
Other Operating Expenses		\$2,014,230			\$2,014,230
<b>Total</b>	\$ 0	\$2,014,230	\$ 0	\$ 0	\$2,014,230
<i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

(3) Base Appropriation:

State	\$ 61,041,257
Federal	\$ 7,149,584
Other	\$ 81,585,925

(4) Is this priority associated with a Capital Budget Priority? No If yes, state Capital Budget Priority Number and Project Name: \_\_\_\_\_.

G. Detailed Justification for FTEs

(3) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) Position Details:

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0

(3) FTEs in Program Area per FY 2007-08 Appropriation Act:

State \_\_\_\_\_

Federal \_\_\_\_\_

Other \_\_\_\_\_

Agency-wide Vacant FTEs as of July 31, 2007: \_\_\_\_\_

% Vacant \_\_\_\_\_%



## II. DETAILED JUSTIFICATION FOR FY 2008-09 OPERATING BUDGET PRIORITIES

A. Agency Section/Code/Name: Section 23/J12/Department of Mental Health

B. Priority No. 4 of 4

C. (1) Title: Pee Dee Crisis Stabilization Unit

(2) Summary Description: Funding is requested for operation of the Pee Dee Crisis Stabilization Unit for the portion of the fiscal year remaining after construction of the Unit is complete (approximately three months).

(3) Strategic Goal/Action Plan (*if applicable*): This request is related to the goal of providing sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible.

D. Budget Program Number and Name: II.A.1. Community Mental Health Centers

E. Agency Activity Number and Name: 999 Crisis Stabilization

F. Detailed Justification for Funding

(1) Justification for Funding Increase: A full year's operating cost is estimated at \$1,222,831. The Pee Dee region has limited availability of crisis stabilization beds to assist with diverting patients from local ER's and SCDMH psychiatric inpatient beds. This program will expand the crisis bed availability for the Pee Dee region which includes the following mental health centers: Pee Dee, Catawba, Santee-Wateree, Tri-County, and Waccamaw. The property development is based upon a cost estimate by Drakeford Architects on 3/2007. The land development cost is an approximation from three potential sites. Programmatic cost based on prior cost experience with crisis program.

From January to October 2006, there were 1,183 individuals waiting in the ER representing the five above mental health centers. Pee Dee MHC had 336 individuals waiting in emergency departments compared to Charleston's seven waiting for the same time. Pee Dee's average number of individuals waiting for a bed has increased from 22.37 in FY 2005 to 24.22 in FY 2006 (last quarter not included). From January to October 2006, there were 1,014 admissions to all SCDMH Psychiatric Hospitals representing the five above mental health centers. Pee Dee MHC had 258 admissions compared to Charleston's 199 admissions for the same time.

When looking at regional need between January and October 2006, Region C has the highest number of waiters of 976, Region A with 589, Region B with 371, and Region D with 245.

From January to October 2006, the Charleston Mental Health Center's Tri-County Stabilization Program admitted 507 of individuals to the program. They diverted 491 individuals and admitted 16 to local hospitals. It is anticipated that Pee Dee would have the similar impact and greatly affect the individuals waiting in the ER.

(2)

<b>FY 2008-09 Cost Estimates:</b>	<b>State Non-Recurring Funds</b>	<b>State Recurring Funds</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Personnel:</b>					
(a) Number of FTEs*					0.00
(b) Personal Service		\$106,119			\$106,119
(c) Employer Contributions		\$55,339			\$55,339
Program/Case Services		\$10,000			\$10,000
Pass-Through Funds					\$ 0
Other Operating Expenses		\$134,250			\$134,250
<b>Total</b>	\$ 0	\$305,708	\$ 0	\$ 0	\$305,708
<i>* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.</i>					

(3) Base Appropriation:

State	\$ 61,041,257
Federal	\$ 7,149,584
Other	\$ 81,585,925

(4) Is this priority associated with a Capital Budget Priority? Yes If yes, state Capital Budget Priority Number and Project Name: Item 7 – Pee Dee Crisis Center Construction.

G. Detailed Justification for FTEs

(4) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) Position Details:

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0

(3) FTEs in Program Area per FY 2007-08 Appropriation Act:

State \_\_\_\_\_

Federal \_\_\_\_\_

Other \_\_\_\_\_

Agency-wide Vacant FTEs as of July 31, 2007: \_\_\_\_\_

% Vacant \_\_\_\_\_%

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: Section 23/J12/Department of Mental Health
- B. Priority No. 1 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient psychiatric hospital beds to meet the consumers' needs for inpatient care.
- D. Project Name and Number (*if applicable*): Bryan Hospital Patient Care Buildings Safety Renovations Phase 3
- E. Agency Activity Number and Name: 1003 Acute Psych
- F. Description of Priority: This project includes renovations of patient care buildings at Bryan Psychiatric Hospital to include the replacement of Fire Retardant Treated wood (FRTW) not covered by the IRF; to implement Building Code upgrades required as a result of the FRTW replacement; to address deferred maintenance issues; and, to renovate Lodge C for increased bed capacity. Bryan Psychiatric Hospital is 29 years old, consists of 24 buildings and 191,647 sq.ft. and has 280 licensed beds. The hospital includes eight (8) patient lodges. A 2002 inspection of the buildings at Bryan by engineers working for the Office of Insurance Reserve Fund (IRF) found that 17 of the Bryan buildings contained Fire Retardant Treated Wood (FRTW) decking. Because the decking in these buildings are not primary structural elements, the IRF indicated that the FRTW issues in these buildings are not covered by the State's insurance policy. Therefore, DMH will have to fund the necessary replacement of the decking. Deterioration of wood strength due to the presence of fire retardant chemicals is considered to be a continuous and progressive process such that complete removal and replacement of the treated wood will eventually be necessary. Much of the mechanical piping and equipment and the plaster ceilings are supported by hangars in this decking. DMH contracted with an A&E firm to evaluate the scope of the work required to remove the fire retardant treated wood and to better estimate the budget needed. The evaluation revealed a need of approximately \$21.75 million. \$4.75 million was provided through the 2007 budget process and \$3.7 million was added to the project in December 2006 for a total Phase I amount of \$8.45 million.
- G. Detailed Justification for Funding
  - (1) Justification for Funding Priority: The project is needed to assure that continued deterioration of the fire retardant treated wood does not jeopardize the life safety aspects of Bryan Hospital. There are no feasible alternatives because these are quality buildings that

have many years of life expectancy left. Correction of the existing life safety, building code, and deferred maintenance deficiencies will serve clients of DMH well for many years.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$6,270,000	\$12,080,000	3,700,000	\$22,050,000

*\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Priority No. 2 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient psychiatric hospital beds to meet the consumers' needs for inpatient care.
- D. Project Name and Number (*if applicable*): Hall Institute C&A Hospital and Clinic Construction
- E. Agency Activity Number and Name: 1004 Inpatient Psych for Children
- F. Description of Priority: This project is to construct a Child & Adolescent (C&A) Hospital composed of 82 inpatient beds, required support and administrative space, and outpatient clinics. This new hospital will replace the existing Hall Institute facilities located on the Bull St. campus. The hospital complex will house five C&A inpatient bed programs and C&A specialty clinics. The five inpatient programs are DHEC licensed and are established to meet the different patient care needs of the clients. The proposed site for the hospital is on DMH property at the Northeast Campus off Farrow Road. The Department has identified \$20.6 million for the construction but needs additional funds based on the architect's estimate. An A/E firm was selected and programming efforts started in December 2006.
- G. Detailed Justification for Funding
- (1) Justification for Funding Priority: The project is needed because of the plan to vacate the downtown Bull St. Campus. There are no suitable existing buildings to support this need. The Department looked at out-sourcing these programs and renovating closed buildings at our Crafts Farrow campus. Construction of a new hospital was the most feasible.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$21,000,000	\$0	\$20,600,000	\$41,600,000

\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(2) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_



(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: Section 23/J12/Department of Mental Health
- B. Priority No. 3 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible.
- D. Project Name and Number (*if applicable*): Community Buildings Deferred Maintenance
- E. Agency Activity Number and Name: All community-mental-health-center-related activities, i.e. 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services (Family Preservation), 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment, 1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, and 1592 Outpatient Services
- F. Description of Priority: This project is to address deferred maintenance issues in our community mental health facilities. DMH has deferred maintenance issues totaling over \$36 million. This request is to address the most urgent buildings needs and examples include Carter Street Campus HVAC renovations; Berkeley Mental Health Center repairs, Greenville Mental Health Center child and adolescent building and Tyndel House renovations, Bennettsville exterior repairs, and other miscellaneous projects less than \$100,000.
- G. Detailed Justification for Funding
  - (1) Justification for Funding Priority: This work is needed to ensure the DMH buildings are maintained in an adequate condition to enable the staff to carry out their missions. Correcting these deferred maintenance issues will help extend the useful life of the buildings. If not addressed soon, these issues could result in reduced or lost productivity, much more costly repairs/renovations, and life safety issues. Without the funding, the Department will have to continue to only address the most critical maintenance issues and reacting to emergencies as they arise.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$1,975,000			\$1,975,000

\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(3) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Priority No. 4 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient psychiatric hospital beds to meet the consumers' needs for inpatient care.
- D. Project Name and Number (*if applicable*): Inpatient Buildings Deferred Maintenance
- E. Agency Activity Number and Name: Inpatient-related activities, e.g. 1002 Long Term Inpatient Psych, 1003 Acute Psych, 1005 Inpatient Forensics, 1006 Inpatient Alcohol & Drug, 1007 Nursing Home for Mentally Ill. Also 1010 Administration.
- F. Description of Priority: This project is to address deferred maintenance issues in our inpatient facilities. DMH has deferred maintenance needs totaling over \$36 million. This request is to address the most urgent inpatient buildings needs and examples include Roddey/Stone Fewell fascia and glass panels replacement, Crafts Farrow Building 17 renovations, Roddey support building HVAC replacement, Crafts Farrow Building 16 HVAC repairs, Crafts Farrow Building 6 HVAC repairs, Harris Hospital chiller retrofit and controls upgrade, administration building HVAC renovations (partial), Bryan and Morris Village exterior lighting repairs and upgrades, Chapel of Faith HVAC and interior renovations, physical medicine building re-roofing, Campbell Veterans' Home renovations, Tucker Center campus pavement repairs, and Stone and Fewell water temp and HVAC controls replacement.
- G. Detailed Justification for Funding

(1) Justification for Funding Priority: This work is needed to ensure the DMH buildings are maintained in an adequate condition to enable the staff to carry out their missions. Correcting these deferred maintenance issues will help extend the useful life of the buildings. If not addressed soon, these issues could result in reduced or lost productivity, much more costly repairs/renovations, and life safety issues. If the Department does not get this funding, it will have to continue to only address the most critical maintenance issues and react to emergencies as they arise.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$7,435,000			\$7,435,000

*\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(4) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: Section 23/J12/Department of Mental Health
- B. Priority No. 5 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible.
- D. Project Name and Number (*if applicable*): McCormick Clinic Construction
- E. Agency Activity Number and Name: All community-mental-health-center-related activities, i.e. 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services (Family Preservation), 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment, 1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, and 1592 Outpatient Services
- F. Description of Priority: This project is to purchase approximately 3 acres of land and construct approximately 6,000 square feet of clinical/administrative space for the treatment of mental health clients in the McCormick County area.
- G. Detailed Justification for Funding

(1) Justification for Funding Priority: Currently the Clinic is co-located with the County Health Department in overcrowded conditions. Confidentiality is of grave concern in this arrangement as is the lack of adequate space. The current leased facility does not meet the needs of the clinic. Other leases were considered, however there are no suitable facilities for lease in the general McCormick area.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$1,050,000	\$250,000		\$1,300,000

\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.



H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(5) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Priority No. 6 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible.
- D. Project Name and Number (*if applicable*): Columbia Area MHC Construction Phase 3
- E. Agency Activity Number and Name: All community-mental-health-center-related activities, i.e. 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services (Family Preservation), 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment, 1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, and 1592 Outpatient Services
- F. Description of Priority: The project is to complete construction of the final phases of Columbia Area Mental Health Center. Currently the Department of Mental Health has set aside approximately 14.6 acres of land between Colonial Drive and Harden Streets Extension for this construction and has utilized 3 million in previously authorized bond fund and from sale of a clinic building on Richland Memorial Hospital to complete construction on Phase I, a Children and Adolescent Clinic and Administration Building. This construction was completed and occupied in September of 2002. Phases II & III include an acute services facility and an adult outpatient clinic facility. The funds requested would complete these much needed facilities. Phase II was funded in the FY08 Appropriations Act and Phase III is estimated to cost \$6,020,000.
- G. Detailed Justification for Funding
  - (1) Justification for Funding Priority: Currently the Center is leasing space in various locations around Columbia which is expensive and decreases efficiency of operation. Intensive treatment and case management programs are currently located in a facility on State Hospital grounds. With the pending sale of the Bull St. property, these programs have been included in Phase II. The alternative is to continue leasing and continue decreased efficiency of operation.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$6,020,000	-Phases I and II were funded, Phase III has not been funded		\$6,020,000 (Phase III)

*\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(6) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Priority No. 7 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible.
- D. Project Name and Number (*if applicable*): Pee Dee Crisis Center Construction
- E. Agency Activity Number and Name: 999 Crisis Stabilization
- F. Description of Priority: This project is the purchase of 3 acres of land and construction of a 13,500 sq. ft., 16-bed crisis stabilization center for the Pee Dee. The facility will include clinical treatment spaces for the 16 beds, administrative and support spaces, utility areas, and outdoor treatment spaces for the mental health treatment of people in the Pee Dee.
- G. Detailed Justification for Funding: This crisis stabilization facility is needed to relieve the strain on area hospital emergency departments that deal with people who have mental health needs. The Department has beds in the Midlands and Upstate but none in the Pee Dee.

(1) Justification for Funding Priority:

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$3,200,000	\$500,000		\$3,700,000

\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? no  
 If not, will additional state funds be needed in the future? yes, see operating request priority 4  
 If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \$305,708 Will this fiscal year require a partial or full year's operating funds? partial If a partial year's funds are required, what portion of the year does it cover? the final three months

(3) - see operating priority #4 -

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(7) Will additional annual operating costs be absorbed into your existing budget? no  
 If not, will additional state funds be needed in the future? yes  
 If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: 1,222,832

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs		645,832			645,832
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs		577,000			577,000
<b>Total</b>	\$ 0	1,222,832	\$ 0	\$ 0	1,222,832



### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Priority No. 8 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is necessary for the Department to perform all activities it is mandated to do, which includes treatment of those individuals who are committed through the Sexually Violent Predator Act of 1998.
- D. Project Name and Number (*if applicable*): Sexually Violent Predator Facility Construction
- E. Agency Activity Number and Name: 1009 Sexually Violent Predator Program
- F. Description of Priority: This project is to construct a 200-bed Sexual Violent Predator Facility (SVP) on Mental Health or Department of Corrections (DOC) grounds. The facility will include living areas, space for treatment programs, administrative offices, and the necessary support spaces for a complete facility. This facility was programmed by an A/E consultant working with DMH & DOC staff in 2001. Estimates have been inflated from the 2001 study to today's cost. With this level of construction, the facility will be designed and constructed to meet licensing requirements from DHEC. The Department prefers that this facility be located on Department of Corrections grounds. An alternative "either/or" project would include renovations to Shand and Davis buildings at DMH's Crafts Farrow campus to house the SVP program.
- G. Detailed Justification for Funding
  - (1) Justification for Funding Priority: The existing facility at the Broad River complex is nearing its capacity with projected admissions expected to exceed the bed capacity. With no additional facilities available at DOC, other facility renovations were considered at or near the northeast DMH campus (Crafts Farrow) to house the Sexually Violent Predator program currently located at the SCDC Broad River complex. The Crafts Farrow alternative, with an estimated cost of \$36,300,000, was included in the Department's 2007 CPIP as priority #16 and consists of renovations of two closed buildings (Shand and Davis) on the Crafts Farrow Campus. Each building would be renovated to accommodate 100 beds and would include treatment and administrative space. While an alternative, the Shand and Davis renovations were deemed insufficient due to security levels required for this population. For that reason, the Department prefers that this program remain on SCDC grounds and considers this option a last resort.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$56,250,000			\$56,250,000

*\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? As the population grows, additional state funds will be needed; at present, operating funding is sufficient

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(8) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Priority No. 9 of 15
- C. Strategic Goal/Action Plan (*if applicable*): All
- D. Project Name and Number (*if applicable*): Tucker, Administration, and Columbia Area Buildings Utility Service
- E. Agency Activity Number and Name: All community-mental-health-center-related activities, i.e. 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services (Family Preservation), 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment, 1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, and 1592 Outpatient Services. Also 1010 Administration, 1007 Nursing Home for Mentally Ill, and 1008 Veterans Nursing Homes.
- F. Description of Priority: This project is to re-feed electrical & water service to buildings at Tucker Center, the DMH Administration building, and Columbia Area Mental Health Center. All of these buildings obtain electrical service from the DMH Bull Street Campus electrical distribution system. This system is an 8320 Volt service. Because of the location of these buildings, the SCE&G service will be a 23,000 volt system. This requires changing cable, hardware & transformers to be compatible to the higher voltage. The water service for Stone & Fewell is from the Bull Street DMH water system. Sale of the campus requires DMH to abandon these utility systems.
- G. Detailed Justification for Funding
  - (1) Justification for Funding Priority: The buildings at Tucker Center, DMH Administration, and Columbia Area Mental Health Center are connected to the Bull St Campus electrical distribution system. The water service for two of the Tucker buildings comes from the Bull Street campus system. The sale of the campus requires us to re-feed these buildings. Several alternatives were considered with SCE&G, but none were considered viable for a reliable system. Maintaining the existing service lines would mean obtaining extensive right-of-ways on the campus being sold, thus, impacting the campus use and value.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$730,000			\$730,000

*\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(9) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Priority No. 10 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible.
- D. Project Name and Number (*if applicable*): Laurens Clinic Addition
- E. Agency Activity Number and Name: All community-mental-health-center-related activities, i.e. 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services (Family Preservation), 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment, 1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, and 1592 Outpatient Services
- F. Description of Priority: A 5,000 square foot addition to the Laurens MHC facility. Land acquisition will not be needed.
- G. Detailed Justification for Funding

(1) Justification for Funding Priority: The Laurens Mental Health Clinic building provides a total of 6,000 square feet of office and program space. We currently have twenty-six staff responsible for serving 377 adults and 171 children and their families. Laurens MHC is the sole source for comprehensive mental health services in the county. Our current building has inadequate space for treatment areas or to accommodate staff. New construction will correct this issue and enable staff to serve Laurens clients.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$1,200,000			\$1,200,000

\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(10) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_



(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Priority No. 11 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient psychiatric hospital beds to meet the consumers' needs for inpatient care.
- D. Project Name and Number (*if applicable*): Bryan and Morris Village Treatment Mall Construction
- E. Agency Activity Number and Name: 1002 Long Term Inpatient Psych, 1003 Acute Psych, and 1006 Inpatient Alcohol & Drug
- F. Description of Priority: Construct a Treatment Mall building for clients at Bryan Psychiatric Hospital (BPH) and Morris Village (MV). The building will be utilized by both Bryan and Morris Village. The building will provide space to conduct treatment programs for the clients.
- G. Detailed Justification for Funding

(1) Justification for Funding Priority: The BPH Treatment Mall facilities (Wells Spring) was originally housed in Lodge C. Due to recent budget approval to renovate Lodge C for inpatient beds, the treatment mall services and staff were located fragmentally throughout BPH. Need a centralized facility to house treatment mall services and personnel. Space is inadequate for services and staff. Workflow and services are fragmented and oversight is difficult with services placed sporadically throughout BPH. The alternative is to continue to fragment the treatment in existing facilities which adversely affects the effectiveness.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$1,500,000			\$1,500,000

\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

- H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_  
 If not, will additional state funds be needed in the future? \_\_\_\_\_  
 If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_  
 \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(11) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_  
 If not, will additional state funds be needed in the future? \_\_\_\_\_  
 If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Priority No. 12 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible.
- D. Project Name and Number (*if applicable*): Holly Hill Clinic Addition
- E. Agency Activity Number and Name: All community-mental-health-center-related activities, i.e. 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services (Family Preservation), 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment, 1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, and 1592 Outpatient Services
- F. Description of Priority: Expand the Holly Hill Clinic by 3000 square feet to house medical staff and a psychosocial program of approximately 15 clients per day along with necessary support areas. Existing client services could be improved and future services substantially expanded to meet the growing needs of the Southeastern portion of Orangeburg County. Additional revenues would be generated to cover the operational costs of the expanded facility.
- G. Detailed Justification for Funding

(1) Justification for Funding Priority: Over the past seven years of operation, the client population being seen by the Holly Hill Clinic has more than doubled. Based on this history and projections of future needs, the client population is expected to increase substantially. The expansion of this clinic will help alleviate the current overcrowding and inadequacies of program space, as well as allow for the anticipated increases in future mental health service needs in the Holly Hill community. The only alternative is leasing another building in Holly Hill.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$800,000			\$800,000

*\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(12) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Priority No. 13 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible.
- D. Project Name and Number (*if applicable*): Santee-Wateree Center Construction
- E. Agency Activity Number and Name: All community-mental-health-center-related activities, i.e. 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services (Family Preservation), 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment, 1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, and 1592 Outpatient Services
- F. Description of Priority: Purchase 6 acres of land and construct a 40,000 Sq Ft facility in the Sumter area for service to clients in Sumter County.
- G. Detailed Justification for Funding

(1) Justification for Funding Priority: The current facility is of 1972 vintage and is overcrowded and needs a variety of deferred maintenance work including a new roof to replace the old flat roof that leaks. Also there are currently five programs that are housed in leases. Placing the various programs in one consolidated facility will aid in efficiency of service delivery. The alternative is to continue to work in inefficient/costly leases and patch the roof in the Magnolia St. facility.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$9,500,000			\$9,500,000

\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.



H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(13) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Priority No. 14 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible.
- D. Project Name and Number (*if applicable*): Anderson-Oconee-Pickens Mental Health Center Construction
- E. Agency Activity Number and Name: All community-mental-health-center-related activities, i.e. 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services (Family Preservation), 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment, 1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, and 1592 Outpatient Services
- F. Description of Priority: To construct a 40,000 sq. ft. facility on five acres of land currently owned by Anderson County. Anderson County council has voted and approved the donation of the five acres in a prime county business park location. The current estimated value of this property is \$600,000.00. Some limited evaluation of the proposed site indicates that it is suitable for construction.
- G. Detailed Justification for Funding

(1) Justification for Funding Priority: Currently the main clinic is housed in a leased county building. The lease expires in 2015 and the county has expressed a need for the current space. The county is willing to donate 5 acres to foster the needed new construction. The alternative is to continue to operate in the county owned building in crowded conditions and continue to lease for other programs.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$9,225,000			\$9,225,000

\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(14) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: 23/J12/Department of Mental Health
- B. Priority No. 15 of 15
- C. Strategic Goal/Action Plan (*if applicable*): This request is related to the Department's goal to provide sufficient mental health services in communities to minimize consumers' needs for hospitalization to the greatest extent possible.
- D. Project Name and Number (*if applicable*): Catawba Center Construction
- E. Agency Activity Number and Name: All community-mental-health-center-related activities, i.e. 997 School-Based Services, 998 Employment Services, 999 Crisis Stabilization, 1000 Intensive Family Services (Family Preservation), 1587 Forensic – Community Mental Health, 1588 Assertive Community Treatment, 1589 Community Based Rehabilitation, 1590 Community Residential (Housing) Support, 1591 Day Treatment, and 1592 Outpatient Services
- F. Description of Priority: Purchase 6 acres of land and construct a 39,000 Sq. Ft. facility in the Rock Hill area to provide Mental Health Services for residents of York County.
- G. Detailed Justification for Funding
- (1) Justification for Funding Priority: The center consists of one owned building of 1974/1975 vintage that is in bad repair and several leases. Several of the leases are in bad neighborhoods and have experienced break-ins and vandalism. The alternative is to continue to make repairs to deferred maintenance issues and lease unsatisfactory facilities for Mental Health programs.

(2)

<b>Total Project Cost Estimates:</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
Total Project Cost*	\$9,500,000			\$9,500,000

\* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs:

(1) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_ Will this fiscal year require a partial or full year's operating funds? \_\_\_\_\_ If a partial year's funds are required, what portion of the year does it cover? \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (*If Section H above represents a full year's operating funds, do not complete this section.*)

(15) Will additional annual operating costs be absorbed into your existing budget? \_\_\_\_\_

If not, will additional state funds be needed in the future? \_\_\_\_\_

If state funds will not be needed in the future, explain the source(s) that will be used. \_\_\_\_\_

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

<b>Additional Annual Operating Cost Details:</b>	<b>State Non-Recurring</b>	<b>State Recurring</b>	<b>Federal</b>	<b>Other</b>	<b>Total</b>
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0



## FY 2008-09 COST SAVINGS & ACTIVITY PRIORITY ADDENDUM

### I. PRIORITY ASSESSMENT OF ACTIVITIES – HIGHEST PRIORITIES

A. Agency Section/Code/Name: Section 23/J12/SCDMH

B.

<b>Priority Assessment of Activities – Highest Priorities</b>	<b>General</b>	<b>Federal</b>	<b>Supplemental</b>	<b>Capital Reserve</b>	<b>Other</b>	<b>Total</b>	<b>FTEs</b>
Activity Number & Name: 999 Crisis Stabilization	15,248,761	1,243,517	0	0	11,360,476	27,852,753	200.68
Activity Number & Name: 1002 Long Term Inpatient Psych	14,578,116	0	0	0	9,991,643	24,569,759	384.84
Activity Number & Name: 1003 Acute Psych	24,340,336	0	0	0	16,038,062	40,378,398	636.24
Activity Number & Name: 1004 Inpatient Psych for Children	9,533,585	152,195	0	0	5,782,143	15,467,923	284.91
<b>TOTAL OF HIGHEST PRIORITIES</b>	<b>\$63,700,798</b>	<b>\$1,395,712</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$43,172,324</b>	<b>\$108,268,833</b>	<b>1506.67</b>

## FY 2008-09 ACTIVITY PRIORITY ADDENDUM

A. Agency Section/Code/Name: Section 23/J12/SCDMH

B. Agency Activity Number and Name: 1011 Pass Through Funds

C. Explanation of Lowest Priority Status: The goals achieved by agencies funded from pass-through funds may be consistent with the mission of the Department of Mental Health; however, the Department does not have discretion over these funds and can not rank them a higher priority than funds it can use to achieve its primary mission.

D. Estimate of Savings:

Estimate of Savings:	General	Federal	Supplemental	Capital Reserve	Other	Total
<b>Personnel:</b>						
(a) Number of FTEs	0	0	0	0	0	0
(b) Personal Service	0		0	0	0	0
(c) Employer Contributions	0		0	0	0	0
Program/Case Services	0	0	0	0	0	0
Pass-Through Funds	248,000	0	0	0	400,000	648,000
Other Operating Expenses	0	0	0	0	0	0
<b>Total</b>	248,000	\$ 0	\$ 0	\$ 0	400,000	648,000

C. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*):

The Department of Mental Health is mandated to provide pass-through funds to several non-profit organizations that provide services to individuals in need of mental health services. These funds include \$144,192 to Gateway House, \$50,000 to Palmetto Pathways, \$98,000 to New Day Clubhouse, \$250,000 to SC Share, and \$50,000 to the Alliance for the Mentally Ill. (Regarding the \$50,000 pass-through to Palmetto Pathways, during FY 2006-07, DMH determined that this organization had been dissolved and therefore no payments were extended to them.) Without the funds received from the Department of Mental Health these organizations may not be able to provide services critical in keeping clients in the community. The Department also provides the Continuum of Care \$400,000 to assist in the treatment of seriously emotionally disturbed children.

## FY 2008-09 ACTIVITY PRIORITY ADDENDUM

### II. PRIORITY ASSESSMENT OF ACTIVITIES – LOWEST PRIORITIES

A. Agency Section/Code/Name: Section 23/J12/SCDMH

B. Agency Activity Number and Name: 1009 Sexually Violent Predator Program

C. Explanation of Lowest Priority Status: Section 44-48-100 of the South Carolina Code of Laws states that “. . . If the court or jury determines that the person is a sexually violent predator, the person must be committed to the custody of the Department of Mental Health for control, care, and treatment until such time as the person’s mental abnormality or personality disorder has so changed that the person is safe to be at large and has been released pursuant to this chapter. The control, care, and treatment must be provided at a facility operated by the Department of Mental Health. At all times, a person committed for control, care, and treatment by the Department of Mental Health pursuant to this chapter must be kept in a secure facility, and the person must be segregated at all times from other patients under the supervision of the Department of Mental Health. The Department of Mental Health may enter into an interagency agreement with the Department of Corrections for the control, care, and treatment of these persons.” Although mandated by statute, given the nature of the rest of DMH’s mandates, the sexually violent predator program would seem to be less consistent with DMH’s other missions as described in 44-9-10, 44-9-90, and 44-11-60 than the rest of DMH’s activities.

D. Estimate of Savings:

<b>Estimate of Savings:</b>	<b>General</b>	<b>Federal</b>	<b>Supplemental</b>	<b>Capital Reserve</b>	<b>Other</b>	<b>Total</b>
<b>Personnel:</b>						
(a) Number of FTEs	63.00	0	0	0	0	63.00
(b) Personal Service	5,351,942		0	0	0	5,351,942
(c) Employer Contributions	1,699,471		0	0	0	1,699,471
Program/Case Services	83,915	0	0	0	0	83,915
Pass-Through Funds	0	0	0	0	0	0

Other Operating Expenses	899,010	0	0	0	0	899,010
<b>Total</b>	8,034,338	\$ 0	\$ 0	\$ 0	\$ 0	8,034,338

E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*):

The Department is mandated to provide the administration and treatment of the SVP program for the State of South Carolina. The Sexually Violent Predator Program has a census of 90 residents who have been civilly-committed by the courts for treatment. The program is operated in a South Carolina Department of Corrections facility to ensure a secure environment for the treatment of these individuals.

## FY 2008-09 ACTIVITY PRIORITY ADDENDUM

### II. PRIORITY ASSESSMENT OF ACTIVITIES – LOWEST PRIORITIES

**A. Agency Section/Code/Name: Section 23/J12/SCDMH**

**B. Agency Activity Number and Name: 1006 Inpatient Alcohol & Drug**

**C. Explanation of Lowest Priority Status:** It is common for mental illness to co-occur with substance abuse disorders, and the Department therefore considers its inpatient substance abuse program at Morris Village important. However, if forced to prioritize substance abuse treatment against other treatment intended primarily for mental illness, the Department would have to choose the treatment intended primarily for mental illness.

**D. Estimate of Savings: NOTE:** It is important to remember that the Department's services are heavily dependent upon one another; in other words, as beds/services are lost in one area, it is likely that the demand (and therefore expenditures) will grow heavier on another area. There is no way to accurately predict what the loss in dollars in one area will cost another area, so estimates should be understood with that in context.

<b>Estimate of Savings:</b>	<b>General</b>	<b>Federal</b>	<b>Supplemental</b>	<b>Capital Reserve</b>	<b>Other</b>	<b>Total</b>
<b>Personnel:</b>						
(a) Number of FTEs	172.50	0	0	0	0	172.50
(b) Personal Service	6,425,492		0	0	0	6,425,492
(c) Employer Contributions	2,157,618		0	0	0	2,157,618
Program/Case Services	33,010	0	0	0	0	33,010
Pass-Through Funds	0	0	0	0	0	0
Other Operating Expenses	770,119	0	0	0	0	770,119
<b>Total</b>	9,386,239	\$ 0	\$ 0	\$ 0	\$ 0	9,386,239

E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*):

The Department of Mental Health is mandated to provide both involuntary and voluntary alcohol and drug abuse treatment for individuals in need of inpatient services. During FY 2007, Morris Village had 1,813 admissions. Without the Department these individuals would have been dependent on services provided by the State's Department of Alcohol and Other Drug Abuse Services and private providers. Additionally, hospital emergency departments would not be able to discharge individuals in need of emergency treatment services provided by Morris Village.

## **FY 2008-09 ACTIVITY PRIORITY ADDENDUM**

### **II. PRIORITY ASSESSMENT OF ACTIVITIES – LOWEST PRIORITIES**

- A. Agency Section/Code/Name: Section 23/J12/SCDMH**
- B. Agency Activity Number and Name: 1008 Veterans Nursing Home
- C. Explanation of Lowest Priority Status:

Sections 44-9-10 and 44-9-90 of the South Carolina Code of Laws task the Department of Mental Health with the following duties:

“ . . . (2) It shall cooperate with persons in charge of penal institutions in this State for the purpose of providing proper care and treatment for mental patients confined therein because of emergency; (3) It shall inaugurate and maintain an appropriate mental health education and public relations program; (4) It shall collect statistics bearing on mental illness, drug addiction, and alcoholism, as well as study the cause, pathology, and prevention of mental defects and diseases; (5) It shall provide moral and vocational training and medical and surgical treatment which will tend to the mental and physical betterment of patients and which is designed to lessen the increase of mental illness, mental defectiveness, epilepsy, drug addiction and alcoholism; and (6) It shall encourage the superintendents of institutions and their medical staffs in the investigation and study of these subjects and of mental hygiene in general; (7) It shall provide a statewide system for the delivery of mental health services to treat, care for, reduce and prevent mental illness and provide mental health services in the areas of mental defectiveness, epilepsy, drug addiction and alcoholism for citizens of this State, whether or not in an institution. The system shall include services to prevent or postpone the commitment or recommitment of citizens to mental health institutions.”

Section 44-11-60 further mandates that: “The Mental Health Commission shall establish mental health clinics throughout the State and shall supervise them.”

Section 44-11-30 also permits the establishment of veterans’ homes as follows: “The South Carolina Mental Health Commission, in mutual agreement with the authorities of the United States Veterans Administration, may establish South Carolina veterans homes to be located on grounds owned by the Department of Mental Health. The purpose of these homes is to provide treatment for South Carolina veterans who are mentally ill or whose physical condition requires long-term nursing care. Admission requirements to these homes are the same as any other facility operated by the department except that the patients at these facilities must be South Carolina veterans. The South Carolina Mental Health Commission is designated as the agency of the State to apply for and to accept gifts, grants, and other contributions from the federal government or from any other governmental unit for the operation and construction of South Carolina veterans homes. The South Carolina Mental Health Commission shall



consult with the Division of Veterans Affairs, Office of the Governor, concerning the policies, management, and operation of the South Carolina veterans homes.”

Although authorized by statute, given the nature of the rest of DMH’s mandates, veterans’ nursing homes would seem to be the activity DMH undertakes that is furthest away from DMH’s missions as described in 44-9-10, 44-9-90, and 44-11-60.

D. Estimate of Savings:

<b>Estimate of Savings:</b>	<b>General</b>	<b>Federal</b>	<b>Supplemental</b>	<b>Capital Reserve</b>	<b>Other</b>	<b>Total</b>
<b>Personnel:</b>						
(a) Number of FTEs	75.40	0	0	0	0	75.40
(b) Personal Service	2,101,940		0	0	0	2,101,940
(c) Employer Contributions	1,032,235		0	0	0	1,032,235
Program/Case Services	0	0	0	0	0	0
Pass-Through Funds	0	0	0	0	0	0
Other Operating Expenses	11,487,773	0	0	0	0	11,487,773
<b>Total</b>	<b>\$14,621,948</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>14,621,948</b>

E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*):

The Department contracts for the operation of both Campbell Veterans Home and Victory House. Between 325 and 330 veterans reside in these two veterans homes. The Department ensures that accreditation by DHEC and the Veterans Administration is maintained.

F.

<b>Summary of Priority Assessment of Activities – Lowest Priorities</b>	<b>General</b>	<b>Federal</b>	<b>Supplemental</b>	<b>Capital Reserve</b>	<b>Other</b>	<b>Total</b>	<b>FTEs</b>
Activity Number & Name: 1011 Pass Through Funds	248,000				400,000	648,000	0
Activity Number & Name: 1009 Sexually Violent Predator Program	8,034,338					8,034,338	63.00
Activity Number & Name: 1006 Inpatient Alcohol & Drug	9,386,239					9,386,239	172.50
Activity Number & Name: 1008 Veterans Nursing Home	14,621,948					14,621,948	75.40
<b>TOTAL OF LOWEST PRIORITIES</b>	<b>32,290,525</b>				<b>400,000</b>	<b>32,690,525</b>	<b>310.90</b>